

# STATE OF KANSAS

## KANSAS ANIMAL HEALTH DEPARTMENT

**George Teagarden, Livestock Commissioner**

708 SW Jackson Topeka, Kansas 66603-3714

Phone (785) 296-2326 FAX (785) 296-1765

[www.kansas.gov/kaht](http://www.kansas.gov/kaht)

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### APPLICATION FOR KANSAS DISPOSAL PLANT OPERATOR SUBSTATION OR PLACE OF TRANSFER/ DISPOSAL PLANT MOTOR VEHICLE PERMIT

**Please include all information requested on all pages. Use additional sheets if necessary.**

Requirements for licensure and penalties are found in K.S.A. Chapter 47, Article 12 as amended and supplemented. This license is for **Fiscal Year 2009** (July 1, 2008 through June 30, 2009) and must be accompanied by a \$525 fee for Disposal Plant Operator License; \$150 fee for Substation or Place of Transfer License; and \$75 fee for each Disposal Plant Motor Vehicle Permit.

Owner(s) Name \_\_\_\_\_ Phone \_\_\_\_\_

NAIS Premises Registration Number: \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Plant Name \_\_\_\_\_

Plant Address \_\_\_\_\_

e-mail address: \_\_\_\_\_ fax number: \_\_\_\_\_ cell phone \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (Voluntary)

Method of disposal of carcasses and packing house refuse (Attach form).

Number and kind of vehicles used in operation (Attached form).

Manager: \_\_\_\_\_

Operating as: Individual \_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_ Company \_\_\_\_ Firm \_\_\_\_ Agent \_\_\_\_

Name of partners: \_\_\_\_\_

#### OFFICE USE ONLY

Entered in Database \_\_\_\_\_ by \_\_\_\_\_

There is a returned check fee of \$30.00 for checks which are dishonored and returned unpaid to the KAHD for any reason.

Officers of corporation: \_\_\_\_\_

President	SS #
Vice President	SS #
Secretary	SS #

### Substation or Place of Transfer:

1. \_\_\_\_\_

Location	Type of Building
Plant Manager	Phone

2. \_\_\_\_\_

Location	Type of Building
Plant Manager	Phone

3. \_\_\_\_\_

Location	Type of Building
Plant Manager	Phone

### Vehicles Owned by Plant Operator:

1. \_\_\_\_\_

Name and address of driver if vehicle is not stationed at Disposal Plant

Make, Year, Model	Capacity	Tag No. Motor No.
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2. \_\_\_\_\_

Name and address of driver if vehicle is not stationed at Disposal Plant

Make, Year, Model	Capacity	Tag No. Motor No.
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3. \_\_\_\_\_

Name and address of driver if vehicle is not stationed at Disposal Plant

Make, Year, Model	Capacity	Tag No. Motor No.
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### Vehicles Owned by Contract Operator:

1. \_\_\_\_\_

Name and address of driver if vehicle is not stationed at Disposal Plant

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Make, Year, Model	Capacity	Tag No.	Motor No.
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2. 

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Name and address of driver if vehicle is not stationed at Disposal Plant

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Make, Year, Model	Capacity	Tag No.	Motor No.
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3. 

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Name and address of driver if vehicle is not stationed at Disposal Plant

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Make, Year, Model	Capacity	Tag No.	Motor No.
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Fees Included: Disposal Plant Operator License 

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Substation or Place of Transfer 

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Disposal Plant Motor Vehicle Permit: \$75.00 X 

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**TOTAL AMOUNT OF FEES INCLUDED:** 

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Signature of Applicant	Date
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